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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 08/260,675 06/16/1994 PAT 6,800,603 which is a CON of 08/126,100 09/23/1993 ABN
which is a CON of 07/922,813 07/31/1992 ABN
which is a CIP of 07/752,764 08/30/1991 ABN
and is a CIP of 07/753,059 08/30/1991 ABN
which is a CIP of 07/667,274 03/11/1991 ABN
and said 07/752,764 08/30/1991
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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/23/1997

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 18
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

1473

TITLE

METHODS OF DECREASING NEURONAL CELL DEATH ASSOCIATED WITH A NEUROPATHY OR INJURY BY A MORPHOGEN THAT INDUCES THE EXPRESSION OF NCAM OR L1

FILING FEE RECEIVED 1900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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